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APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTOR		TTODAY	(Date)	
09/747,097	·		Craig Mazzagatta		3630.000240	CONFIRMATION NO.	
TITLE OF INVENTION	I: OBTAINING TEMPO	RARY EXCLUSIVE CO	ONTROL OF A PRINTING	DEVICE	3030.000240	1502	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/10/2008	
	EXAMINER		CLASS-SUBCLASS			577 TO 2000	
	JUNG, DAVID YIUK 1. Change of correspondence address or indication CFR 1.363)		726-028000			,	
Change of corresponded residual control of the corresponding of the corresponding pro/SB/47; Rev 03-05 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unlease condition as set forth	ondence address (or Char 1/122) attached. cation (or "Fee Address" 2 or more recent) attached ND RESIDENCE DATA ess an assignee is identified in 37 CFR 3.11. Compl	ge of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON T	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or agents attorney or agents attorned to the control of the part of	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is isted, no name will be printed. PATENT (print or type) will appear on the patent. If an assignee is identified below, the document has been filed for substitute for filing an assignment.			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CANON KABUSHISHI KAISHA Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503939 (enclose an extra copy of this form).				
5. Change in Entity Statu	s (from status indicated a SMALL ENTITY status.	0010)					
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	Authorized Signature / Edward Kmett/ Typed or printed name Edward A. Kmett			Date July	7, 2008		
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